

## **Taft School District 90 Request for Waiver of the Rules**

**FCC Form 471 No. 994711**

Zeller and Associates, LLC

(847) 828-4606

[gzeller@zellerandassociates.com](mailto:gzeller@zellerandassociates.com)

## **Appendix J**

**TaftSD90\_App\_J\_BellevilleAppeal.pdf**

**Belleville Township High School District No. 201 Appeal**

**Waiver Granted in DA 13-1383**

**Alexander County School District  
Taylorsville, North Carolina et al.**

## BELLEVILLE TOWNSHIP HIGH SCHOOL DISTRICT No. 201 JAN 29 2013

2600 WEST MAIN STREET, SUITE 150 · BELLEVILLE, IL 62226-6687  
 PHONE: 618-222-8200 · FAX: 618-233-7586 · <http://www.bths201.org>

FCC Mail Room

## WEST HIGH SCHOOL

- Maroons -

Rich Mertens, Interim Principal  
 4063 Frank Scott Pkwy W.  
 Belleville, IL 62223-6802  
 Phone: 618-222-7500  
 Fax: 618-235-2484



## EAST HIGH SCHOOL

- Lancers -

Stephanie K. Posey, Principal  
 2555 West Boulevard  
 Belleville, IL 62221-5525  
 Phone: 618-222-3700  
 Fax: 618-222-3799

• Dr. Jeff Dosier, *Superintendent* •  
 Mr. Brian Mentzer, *Asst. Superintendent*  
 Ms. Melissa Taylor, *Director of Special Services*  
 Mrs. Andrea Gannon, *Director of Curriculum and Human Resources*

Request for Review

CC Docket No. 02-06

Applicant Name:	Belleville TWP H S Dist 201
Billed Entity Number:	136434
Form 471 Application Number:	869282
Funding Request Number:	2379954
Date:	January 22, 2013

Belleville Township High School District #201 utilizes this FRN to discount our Charter Fiberlink internet service. The E-rate funding of this service provides the district with a much needed 55% discount. The Director of Technology left our district in June of 2012. Upon assuming the role of Assistant Superintendent in July of 2012, I attempted to complete the necessary paperwork associated with the application. In early July, I received a questionnaire from USAC about our 471 Application. I answered the questions to the best of my ability. Shortly after completing the questions, I was informed by USAC that this FRN number was a duplicate within the application. I provided email correspondence to that fact.

More recently, after receiving a substantial bill from Charter, it was brought to my attention that this FRN was in fact not a duplicate. Please see attachment #2 our 471 application. I understand that a mistake was made, but the lack of E-rate funding for this service place a financial burden on our school district. Please consider allowing us to amend our Form 471 to reflect this FRN.

Respectfully,

Brian Mentzer

Assistant Superintendent

BTHS #201

No of Copies rec'd 0  
 List: ABCDE



Universal Service Administrative Company

**Schools and Libraries Division**

Jul 02, 2012

Abe Loveless

BELLEVILLE TWP H S DIST 201

Telephone:

(618) 2228241

Application Number

869282

**Response Due Date: July 18, 2012**

The Program Integrity Assurance (PIA) team is in the process of reviewing all Funding Year 2012 FCC Form 471 Applications to ensure that they are in compliance with the rules of the Universal Service program. We are currently in the process of reviewing your Funding Year 2012 FCC Form 471 Application. To complete our review, we need some additional information. The information needed to complete the review is listed below.

**I.**

Based on the documentation that you provided during the review of your FY 2011 Form 471 application, FRN 2379875 is a request for Internet access service, but the documentation does not indicate the type of high-speed line you are requesting. Please indicate the type of high-speed line that is being provided (e.g., DS1, T-1, OC3, DSL, ISDN-BRI, ISDN-PRI, etc.). If your request is for ATM, Frame Relay, Ethernet, Fiber Optics, Wireless, or Satellite service, please indicate the bandwidth you are requesting in addition to the type of service.

Please select from one of the following bandwidth (128 Kbps, 144 Kbps, 256 Kbps, 744 Kbps, 1.2 Mbps, 1.544Mbps, 2 Mbps, 3 Mbps, 5 Mbps, 6 Mbps, 10 Mbps, 25 Mbps, 40 Mbps, 43.2 Mbps, 100Mbps, 1000Mbps, 622 Mbps, 1.2Gbps, 2.5Gbps, 9.6Gbps, 13.2Gbps, 39.8Gbps)

For **FRN 2379875** please provide the Bandwidth up to 1000Mbps.

**II.**

Based on the documentation that you provided during the review of your FY 2011 Form 471 application, FRN 2379954 is a request for Internet access service, but the documentation does not indicate the type of high-speed line you are requesting. Please indicate the type of high-speed line that is being provided (e.g., DS1, T-1, OC3, DSL, ISDN-BRI, ISDN-PRI, etc.). If your request is for ATM, Frame Relay, Ethernet, Fiber Optics, Wireless, or Satellite service, please indicate the bandwidth you are requesting in addition to the type of service.



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For **FRN 2379954** please provide the Bandwidth up to 1000Mbps.

### III.

Based on our review of your Funding Year 2012 FCC Form 471 application **869282**, on FRN **2380030**, you requested a total of \$7560.48/month for PRI and POTS service. The online item 21 you submitted only supports \$7250.50. We intend to modify the FRN to the amount supported by the vender documentation that was provided.

Please confirm that this change(s) listed above should be undertaken. ☒ Yes or ☐ No

### IV.

Based upon review of your Funding Year 2012 FCC Form 471 application **869282**, it appears that FRN is a request for services being provided under contract. Program rules require that a signed contract with your service provider be in place at the time of the submission of the FCC Form 471 certification. Based on our review, the Contract Award Date **2/5/2008** on your FCC Form 471 is prior to the Allowable Contract Date **3/16/2012** on the FCC Form 470 that established the bidding for these services.

To assist us in reviewing your FCC Form 471 application, please answer the following questions:

Is the FCC Form 470 # 712460001026098 referenced on your FCC Form 471 application # 869282 the FCC Form 470 that established the bidding process for the services associated with Funding Request Number(s) (FRN) **2379875**? Yes or No. .

**If No, please provide the following information:**

- Please provide the 15-digit FCC Form 470 Number that established the bidding process for the FRN(s). The establishing FCC Form 470 is the specific FCC Form 470, which was posted to the USAC website for a period of 28 days for that particular service, and pursuant to which a contract was signed or an agreement was entered into. If the FCC Form 470 has not been certified please include a copy of the signed FCC Form 470 Certification page with your response. Failure to provide a copy of the signed FCC Form 470 Certification page will result in a denial of your funding request.

**If Yes, please answer the following question:**

- You indicated in Block 5, Item 18 of your FCC Form 471 that the Contract Award Date (CAD) for these services was **02/05/2008**. Was the incorrect Contract Award Date entered at the time the FCC Form 471 was completed? **Yes or No.**

**If Yes, please provide the following information:**

For FRN(s) **2379875**, please provide a copy of the full contract, signed and dated by the applicant, to verify the correct Contract Award Date ("CAD"). If you do not provide a signed and

dated contract, your entire FRN may be denied. If signed and dated contracts are not required under your state law or local procurement regulations, see below.

If the contract for the above services is a State Master Contract, you do not have to submit a copy of the signed contract if that contract is available online or has already been submitted to us in connection with the review of another FCC Form 471 application. However, please provide us with the State Master Contract name and number. If you have already submitted the relevant contract information in connection with another FCC Form 471 application review, please provide the FCC Form 471 application number that was involved so we can locate the relevant contract in our files.

In some states, signed and dated contracts are not required under state law or local procurement regulations. If the entity receiving the services under this FRN is located in such a state, please provide supporting documentation demonstrating that this state's contract laws or the entity's local procurement regulations do not require signed and dated contracts. A letter from your state procurement office, a copy of your state's contract laws, or a copy of your local procurement regulations are examples of supporting documentation.

Along with your supporting documentation, please answer the following two questions:

1. Are you authorized to make the representations set forth below on behalf of **BELLEVILLE TWP H S DIST 201**, the entity represented on this letter, and are you the most knowledgeable person with regard to the information set forth herein? Yes ☒ or No \_\_\_\_.
2. Can you confirm that the contract referenced for Funding Request Number(s) (FRNs) 2379875, meets your state or local procurement regulations or rules? Yes ☒ or No \_\_\_\_.

If you are not able to provide these supporting documents, you must instead provide a contract that is signed and dated by the applicant.

For further guidance regarding contracts, CADs and the process of selecting a service provider, please visit <http://www.usac.org/sl/applicants/step03/default.aspx>.

Please fax or email the requested information to my attention. If you have any questions or if you require a further explanation of this request, please feel free to contact me.

It is important that we receive all of the information requested **within 15 calendar days** so we can complete our review. **Failure to respond may result in a reduction or denial of funding. If you need additional time to prepare your response, please let me know as soon as possible.**

Should you wish to cancel your FCC Form 471 application(s), or any of your individual funding requests, please clearly indicate in your response that it is your intention to cancel an application or funding request(s). Include in any cancellation request the FCC Form 471 application number(s) and/or funding request number(s), and the complete name, title and signature of the authorized individual.

Thank you for your cooperation and continued support of the Universal Service Program.

**Barbara Pas**  
**Associate Manager, Program Integrity Assurance**  
30 Lanidex Plaza West | Parsippany, NJ 07054  
T 973.581.7696 | F 973.599.6522  
**[bpas@sl.universalservice.org](mailto:bpas@sl.universalservice.org)**





Universal Service Administrative Company

**Schools and Libraries Division**

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Jul 02, 2012

Abe Loveless

BELLEVILLE TWP H S DIST 201

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(618) 2228241

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If the contract for the above services is a State Master Contract, you do not have to submit a copy of the signed contract if that contract is available online or has already been submitted to us in connection with the review of another FCC Form 471 application. However, please provide us with the State Master Contract name and number. If you have already submitted the relevant contract information in connection with another FCC Form 471 application review, please provide the FCC Form 471 application number that was involved so we can locate the relevant contract in our files.

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Along with your supporting documentation, please answer the following two questions:

1. Are you authorized to make the representations set forth below on behalf of **BELLEVILLE TWP H S DIST 201**, the entity represented on this letter, and are you the most knowledgeable person with regard to the information set forth herein? Yes   X   or No       .
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If you are not able to provide these supporting documents, you must instead provide a contract that is signed and dated by the applicant.

For further guidance regarding contracts, CADs and the process of selecting a service provider, please visit <http://www.usac.org/sl/applicants/step03/default.aspx>.

Please fax or email the requested information to my attention. If you have any questions or if you require a further explanation of this request, please feel free to contact me.

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Thank you for your cooperation and continued support of the Universal Service Program.

**Barbara Pas**  
**Associate Manager, Program Integrity Assurance**  
30 Lanidex Plaza West | Parsippany, NJ 07054  
T 973.581.7696 | F 973.599.6522  
**[bpas@sl.universalservice.org](mailto:bpas@sl.universalservice.org)**

ATTACHMENT #2

FCC Form 471

Approval by OMB  
3060-0806

### Schools and Libraries Universal Service Description of Services Ordered and Certification Form 471

Estimated Average Burden Hours per Response: 4 hours

This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual

charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at [www.usac.org/sl](http://www.usac.org/sl).)

The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier (Create an identifier for your own reference) F471_12-13	Form 471 Application #: 869282 (To be assigned by administrator)
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**Block 1: Billed Entity Address and Identifications**  
 1 Name of Billed Entity  
 BELLEVILLE TWP H S DIST 201  
 2 Funding Year 2012  
 3a Entity Number 136434  
 3b FCC Registration Number 0021193834  
 4a Street Address, P.O. Box, or Route Number  
 2600 W MAIN ST  
 City BELLEVILLE State IL Zip Code 62226-6651  
 4b Telephone Number (618) 233-5070  
 4c Fax Number (618) 233-7586  
 5a Type of Application (check only one)  
☐ Individual School (individual public or non-public school)  
☒ School District (LEA, public or non-public [e.g. diocesan] local district representing multiple schools)  
☐ Library (including library system, library outlet/branch or library consortium as defined under LSTA)  
☐ Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries)  
☐ Statewide application for (enter 2-letter state code) representing (check all that apply)  
☐ All public schools/districts in the state  
☐ All non-public schools in the state  
☐ All libraries in the state  
 5b Recipient(s) of Services:  
☐ Private ☒ Public ☐ Charter  
☐ Tribal ☐ Head Start ☐ State Agency

Entity Number: 136434	Applicant's Form Identifier: F471_12-13
Contact Person: Abe Loveless	Contact Phone Number: (618) 222-8241

**Block 1: Billed Entity Address and Identifications (continued)**  
 6a Contact Person's Name  
 Abe Loveless  
 If the Contact Person's Street Address is the same as Item 4 above, check here. ☒ If not, complete Item 6b.  
 6b Street Address, P.O. Box, or Route Number  
 NOTE: USAC will use this address to mail correspondence about this form.  
 2600 W MAIN ST  
 City BELLEVILLE State IL Zip Code 62226-6651  
 Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.  
☒ 6c Telephone Number (618) 222 - 8241  
☐ 6d Fax Number (618) 233 - 7586  
☐ 6e E-Mail Address [erate@bths201.org](mailto:erate@bths201.org)  
 Re-enter E-mail Address [erate@bths201.org](mailto:erate@bths201.org)  
 6f Holiday/vacation/summer contact information: please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address  
 If a consultant is assisting you with your application process, please complete Item 6g below:  
 6g Consultant Name  
 Name of Consultant's Employer  
 Consultant's Street Address  
 City State Zip Code  
 Consultant's Telephone Number Ext.  
 Consultant's Fax Number  
 Consultant's E-mail Address  
 Re-enter E-mail Address  
 Consultant Registration Number



Entity Number: 136434		Applicant's Form Identifier: F471_12-13	
Contact Person: Abe Loveless		Contact Phone Number: (618) 222-8241	
Complete this information on EVERY Form 471 you file for the services requested on that form. Please complete all rows that apply to services for which you are requesting discounts.			
Schools/school districts complete the left-hand column and libraries complete the right-hand column. Consortia complete all that apply.			
<b>Block 2: Impact of Services Ordered for Schools and Libraries from this Form 471</b>			
		<b>Schools</b>	<b>Libraries</b>
<b>7a</b>	Number of students or patrons to be served	5000	0
<b>b</b>	Telephone service: Number of classrooms or rooms with phone service	50	0
<b>c</b>	Direct connections to the Internet: Number of drops	2	0
<b>d</b>	Number of classrooms or rooms with Internet access	300	0
<b>e</b>	Number of computers or other devices with Internet access	1800	0
<b>f</b>	Number of dial-up Internet access and other connections of up to 200 kbps:	0	0
<b>g</b>	High-speed Internet access services: Number of buildings served at the following speeds (please use advertised download speed coming into building, not actual speed in classroom or work area):	At or greater than 200 kbps and less than 1.5 mbps	0
		At or greater than 1.5 mbps and less than 3 mbps	0
		At or greater than 3 mbps and less than 10 mbps	0
		At or greater than 10 mbps and less than 25 mbps	0
		At or greater than 25 mbps and less than 50 mbps	3
		At or greater than 50 mbps and less than 100 mbps	0
		Greater than 100 mbps	0
<b>Block 3:</b>			
<b>8 [Reserved]</b>			

Entity Number: 136434										Applicant's Form Identifier: F471_12-13				
Contact Person: Abe Loveless										Contact Phone Number: (618) 222-8241				
Block 4: Discount Calculation Worksheet										Worksheet - 1485230 Page 1 of 1				
<p>The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5</p> <p><input checked="" type="checkbox"/> Check here if this worksheet contains all eligible entities in the school district or library system.</p>														
9a List entities and calculate discount(s): School District or Library System Name:										(For Administrator's Use) School District or Library System Entity Number:				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Name of Eligible Entity	Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col 5 / Col 4)	Disc from Disc Matrix	New Construction	Admin Entity or NIF	Alt Disc Mech	Weighted Product for Calculating Shared Discount (Col 4 x Col 7)	Insert appropriate codes(s) P = pre-K, H = Head Start, A = Adult Education, J = Juvenile Justice, E = ESA, D = Dormitory	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES							Schools with shared services	Schools	Library Outlet/Branch	Consortia	
BELLEVILLE HIGH SCHOOL EAST	72626 17 05640 00242	U	2734	932	34.089%	50	N	N	N	136700				
BELLEVILLE TOWNSHIP HIGH SCHOOL DISTRICT 201 BOARD OF ED	16032463 17 05640	U	0	0	0 000%	55	N	N	N	0				
BELLEVILLE HIGH SCHOOL WEST	72645 17 05640 00243	U	2404	928	38.602%	60	N	N	N	144240				
9b Shared Services														
SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15.			5138							280940				55%
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15.														
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15														

Entity Number: 136434		Applicant's Form Identifier: F471_12-13																																									
Contact Person: Abe Loveless		Contact Phone Number: (618) 222-8241																																									
<b>Block 5: Discount Funding Request(s)</b> Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page 1 of 5  FRN 2379875 (to be assigned by administrator)																																									
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:																																											
<b>11 Category of Service</b> ( only ONE category should be checked)		<b>23 Calculations</b>																																									
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<b>PRIORITY 1</b> <input type="checkbox"/> Telecommunications Service	<b>PRIORITY 2</b> <input type="checkbox"/> Internal Connections Other than Basic Maintenance																																										
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<b>15b Contract Number</b> 200801240672433																																											
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<b>16a Billing Account Number</b> (e.g., billed telephone number) 100079963801-0275002																																											
<b>16b</b> <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.																																											
<b>17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)</b> (based on Form 470 filing) 03/16/2012																																											
<b>18 Contract Award Date (mm/dd/yyyy)</b> 02/05/2008																																											
<b>19 Service Start Date (mm/dd/yyyy)</b> 07/01/2012																																											
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Entity Number: 136434		Applicant's Form Identifier: F471 12-13					
Contact Person: Abe Loveless		Contact Phone Number: (618) 222-8241					
<b>Block 5: Discount Funding Request(s)</b> Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page 2 of 5  FRN 2379954 (to be assigned by administrator)					
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:							
<b>11 Category of Service (only ONE category should be checked)</b> <table border="1"> <tr> <td>PRIORITY 1 <input type="checkbox"/> Telecommunications Service</td> <td>PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance</td> </tr> <tr> <td><input checked="" type="checkbox"/> Internet Access</td> <td><input type="checkbox"/> Basic Maintenance of Internal Connections</td> </tr> </table>		PRIORITY 1 <input type="checkbox"/> Telecommunications Service	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance	<input checked="" type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections	<b>23 Calculations</b>	
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<input checked="" type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections						
<b>12 Form 470 Application Number</b> 712460001026098		<b>Recurring Charges</b>					
<b>13 SPIN – Service Provider Identification Number</b> 143027938		<b>A. Monthly charges (total amount per month for service)</b> \$1,250.00					
<b>14 Service Provider Name</b> Charter Fiberlink - Illinois, LLC		<b>B. How much of the amount in A is ineligible?</b> \$0.00					
<b>15a</b> <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.		<b>C. Eligible monthly pre-discount amount (A minus B)</b> \$1,250.00					
<b>15b Contract Number</b> MTM		<b>D. Number of months service provided in funding year</b> 12					
<b>15c</b> <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		<b>E. Annual pre-discount amount for eligible recurring charges (C x D)</b> \$15,000.00					
<b>15d</b> <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:		<b>F. Annual non-recurring charges</b> \$0.00					
<b>16a Billing Account Number (e.g., billed telephone number)</b> 8345 78 680 0000466		<b>G. How much of the amount in F is ineligible?</b> \$0.00					
<b>16b</b> <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.		<b>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</b> \$0.00					
<b>17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)</b> 03/16/2012		<b>I. Total funding year pre-discount amount (E + H)</b> \$15,000.00					
<b>18 Contract Award Date (mm/dd/yyyy)</b>		<b>J. Discount from Block 4 Worksheet</b> 55.00					
<b>19 Service Start Date (mm/dd/yyyy)</b> 07/01/2012		<b>K. Funding Commitment Request (I x J)</b> \$8,250.00					
<b>20a Service End Date (mm/dd/yyyy)</b> 06/30/2013		<b>Total Charges</b>					
<b>20b Contract Expiration Date (mm/dd/yyyy)</b>							
<b>21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment</b> You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.							
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Entity Number: 136434		Applicant's Form Identifier: F471_12-13							
Contact Person: Abe Loveless		Contact Phone Number: (618) 222-8241							
<b>Block 5: Discount Funding Request(s)</b> Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page 3 of 5  FRN 2380030 (to be assigned by administrator)							
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:									
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<input checked="" type="checkbox"/> Telecommunications Service	<input type="checkbox"/> Internal Connections Other than Basic Maintenance								
<input type="checkbox"/> Internet Access	<input type="checkbox"/> Basic Maintenance of Internal Connections								
<b>12 Form 470 Application Number</b> 712460001026098		Recurring Charges	<b>A. Monthly charges (total amount per month for service)</b>  \$7,560.48						
<b>13 SPIN – Service Provider Identification Number</b> 143001912			<b>B. How much of the amount in A is ineligible?</b>  \$0.00						
<b>14 Service Provider Name</b>  Illinois Bell Telephone Company			<b>C. Eligible monthly pre-discount amount (A minus B)</b>  \$7,560.48						
<b>15a</b> <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.			<b>D. Number of months service provided in funding year</b>  12						
<b>15b Contract Number</b>  MTM		Non-Recurring Charges	<b>E. Annual pre-discount amount for eligible recurring charges (C x D)</b>  \$90,725.76						
<b>15c</b> <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).			<b>F. Annual non-recurring charges</b>  \$0.00						
<b>15d</b> <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:			<b>G. How much of the amount in F is ineligible?</b>  \$0.00						
<b>16a Billing Account Number (e.g., billed telephone number)</b> 618 233-6420 856 0			<b>H. Annual eligible pre-discount amount for non-recurring charges (F minus G)</b>  \$0.00						
<b>16b</b> <input checked="" type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.		Total Charges	<b>I. Total funding year pre-discount amount (E + H)</b>  \$90,725.76						
<b>17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)</b> 03/16/2012			<b>J. Discount from Block 4 Worksheet</b> 55 00						
<b>18 Contract Award Date (mm/dd/yyyy)</b>			<b>K. Funding Commitment Request (I x J)</b> \$49,899.17						
<b>19 Service Start Date (mm/dd/yyyy)</b> 07/01/2012									
<b>20a Service End Date (mm/dd/yyyy)</b> 06/30/2013									
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Entity Number: 136434		Applicant's Form Identifier: F471_12-13	
Contact Person: Abe Loveless		Contact Phone Number: (618) 222-8241	
<b>Block 5: Discount Funding Request(s)</b> Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page 4 of 5  FRN 2380114 (to be assigned by administrator)	
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:			
<b>11 Category of Service</b> ( only ONE category should be checked)		<b>23 Calculations</b>	
PRIORITY 1 <input type="checkbox"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access		PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	
<b>12 Form 470 Application Number</b> 712460001026098		<b>Recurring Charges</b>	
<b>13 SPIN – Service Provider Identification Number</b> 143005817		<b>A. Monthly charges</b> (total amount per month for service) \$234.99	
<b>14 Service Provider Name</b> Charter Communications		<b>B. How much of the amount in A is ineligible?</b> \$0.00	
<b>15a</b> <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.		<b>C. Eligible monthly pre-discount amount</b> (A minus B) \$234.99	
<b>15b Contract Number</b> MTM		<b>D. Number of months service provided in funding year</b> 12	
<b>15c</b> <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		<b>E. Annual pre-discount amount for eligible recurring charges</b> (C x D) \$2,819.88	
<b>15d</b> <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:		<b>F. Annual non-recurring charges</b> \$0.00	
<b>15e</b> <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		<b>G. How much of the amount in F is ineligible?</b> \$0.00	
<b>16a Billing Account Number</b> (e.g., billed telephone number) 8345 78 188 0200912		<b>H. Annual eligible pre-discount amount for non-recurring charges</b> (F minus G) \$0.00	
<b>16b</b> <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.		<b>I. Total funding year pre-discount amount</b> (E + H) \$2,819.88	
<b>17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)</b> (based on Form 470 filing) 03/16/2012		<b>J. Discount from Block 4 Worksheet</b> 55.00	
<b>18 Contract Award Date (mm/dd/yyyy)</b>		<b>K. Funding Commitment Request</b> (I x J) \$1,550.93	
<b>19 Service Start Date (mm/dd/yyyy)</b> 07/01/2012		<b>Total Charges</b>	
<b>20a Service End Date (mm/dd/yyyy)</b> 06/30/2013			
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<b>22 Entity/Entities Receiving This Service:</b>		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 16032463 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):	



Entity Number: 136434		Applicant's Form Identifier: F471_12-13																																					
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	<b>K. Funding Commitment Request</b> (I x J)	\$11,821.92																																					
<b>12 Form 470 Application Number</b> 712460001026098																																							
<b>13 SPIN – Service Provider Identification Number</b> 143030766																																							
<b>14 Service Provider Name</b> Windstream Communications, Inc.																																							
<b>15a</b> <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.																																							
<b>15b Contract Number</b> MTM																																							
<b>15c</b> <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).																																							
<b>15d</b> <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:																																							
<b>16a Billing Account Number</b> (e.g., billed telephone number) 3322277																																							
<b>16b</b> <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.																																							
<b>17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)</b> (based on Form 470 filing) 03/16/2012																																							
<b>18 Contract Award Date (mm/dd/yyyy)</b>																																							
<b>19 Service Start Date (mm/dd/yyyy)</b> 07/01/2012																																							
<b>20a Service End Date (mm/dd/yyyy)</b> 06/30/2013																																							
<b>20b Contract Expiration Date</b> (mm/dd/yyyy)																																							
<b>21 Description of This Service:</b> NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.																																							
22 Entity/Entities Receiving This Service:																																							
a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:																																							
b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): 1485230																																							

<b>Entity Number:</b> 136434	<b>Applicant's Form Identifier:</b> F471_12-13
<b>Contact Person:</b> Abe Loveless	<b>Contact Phone Number:</b> (618) 222-8241

  

**Block 6: Certifications and Signature**

24 ☒ I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

a ☒ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38)**, that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or

b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.

25 ☒ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23i on all Block 5 Discount Funding Requests.)	162920.04
b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	89606.02
c Total applicant non-discount share (Subtract Item 25b from Item 25a.)	73314.02
d Total budgeted amount allocated to resources not eligible for E-rate support	200000
e Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	273314.02

f ☐ Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.

26 ☒ I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.

Or ☐ I certify that no technology plan is required by Commission rules

27 ☒ I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.

28 ☒ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.

29 ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.

30 ☒ I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.



Entity Number: 136434	Applicant's Form Identifier: F471_12-13
Contact Person: Abe Loveless	Contact Phone Number: (618) 222-8241
<b>Block 6: Certification and Signature (Continued)</b>	
<p>31 <input checked="" type="checkbox"/> I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.</p> <p>32 <input checked="" type="checkbox"/> I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.</p> <p>33 <input checked="" type="checkbox"/> I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.</p> <p>34 <input checked="" type="checkbox"/> I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.</p> <p>35 <input checked="" type="checkbox"/> I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1), (2).</p> <p>36 <input checked="" type="checkbox"/> I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).</p> <p>37 <input checked="" type="checkbox"/> I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.</p>	
<p>38 Signature of authorized person <input type="text"/></p>	<p>39 Date</p>
<p>40 Printed name of authorized person Abe Loveless</p> <p>41 Title or position of authorized person Director of Technology</p> <p><input type="checkbox"/> Check here if the consultant in Item 6g is the Authorized Person.</p> <p>42a Street Address, P.O. Box, or Route Number 2600 West Main St Suite 150 City Belleville State IL Zip Code 62226-</p>	



Entity Number: 136434		Applicant's Form Identifier: F471_12-13	
Contact Person: Abe Loveless		Contact Phone Number: (618) 222-8241	
42b	Telephone Number of authorized Person	(618) 222-8241	Ext.
42c	Fax Number of Authorized Person	(618) 233-7586	
42d	E-mail Address of authorized Person	erate@bths201.org	
	Re-enter E-mail Address	erate@bths201.org	
42e	Name of Authorized Person's Employer	Belleville Township High School District 201	
<p><b>NOTICE:</b> Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R. § 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.</p> <p>An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.</p> <p>The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC, or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.</p> <p>If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.</p> <p>If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.</p> <p>The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.</p> <p>Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.</p> <p><b>Please submit this form to:</b>  SLD-Form 471  P.O. Box 7026  Lawrence, Kansas 66044-7026</p> <p><b>For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:</b>  SLD Forms  ATTN: SLD Form 471  3833 Greenway Drive  Lawrence, Kansas 66046  (888) 203-8100</p>			

FCC Form 471 - October 2010

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